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Facsimile: (206) 381-3999**CENTRAL FAX CENTER****JAN 10 2007****Facsimile Transmittal****To:** Examiner Ronnie M. Mancho
Art Unit 3663**Fax:** (571) 273-8300**From:** Patrick J.S. Inouye *PJS***Date:** January 10, 2007**Re:** U.S. Patent Application
Serial No. 10/774,301**Pages:** 6 (including cover sheet)**CC:**☐ **Urgent**☐ **For Review**☐ **Please Comment**☐ **Please Reply**☐ **Please Recycle****Notes:** Regarding the above-identified U.S. Patent Application, please find attached hereto:

- USPTO Transmittal Form
- USPTO Fee Transmittal Form
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- Request for Continued Examination Filing fee: \$395.00
- Extension of Time Filing fee (Two-Month): \$225.00
- Petition for Extension of Time (Two-Month)
- Request for Continued Examination

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PTO/SB/21 (09-06)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/774,301
	Filing Date	February 6, 2004
	First Named Inventor	Irish, Jeremy A.
	Art Unit	3663
	Examiner Name	Ronnie M. Mancho
Total Number of Pages in This Submission	Attorney Docket Number	015,0405.US.CON

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Facsimile Cover Sheet
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Firm Name	Cascadia Intellectual Property		
Signature			
Printed name	Patrick J.S. Inoue		
Date	January 10, 2007	Reg. No.	40297

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Signature			
Typed or printed name	Larissa V. Pigott	Date	January 10, 2007

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/774,301 Filing Date 2/6/2004 First Named Inventor Irish, et al. Examiner Name Ronnie M. Mancho Art Unit 3663 Attorney Docket No. 015.0405.US.CON	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 620.00			

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

0 - 20 or HP = 0 x \$25.00 = \$ 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

0 - 3 or HP = 0 x \$100.00 = \$ 0.00

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

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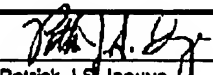
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time Filing fee (Two-Month): 225.00; Request for Continued Examination Filing fee: \$395.00

Fees Paid (\$)

620.00

SUBMITTED BY			
Signature		Registration No. 40297 (Attorney/Agent)	Telephone (206) 381-3900
Name (Print/Type)	Patrick J. Inoue	Date	January 10, 2007

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